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ABSTRACT

Specific ethical problems caused by the multiple roles of the psychologist in cases involving child protection are discussed. Psychologists may serve as consultants, evaluators, therapists, reporters, or monitors for the client and/or the court. When more than one person in the family is involved, or the court orders an additional role for the therapist, conflicts of interest result. Professional practice in psychology has undergone many changes since the introduction of managed care in the mid 1980s. Despite the availability of guidance regarding issues of roles and boundaries, violations occur. Efforts to address this issue, particularly the arena of child protection issues, are discussed. Relevant ideas from the "APA Ethical Principles and Code of Conduct," "Specialty Guidelines for Forensic Psychologists," and the American Psychological Association's "Guidelines for Psychological Evaluations in Child Protection Matters" are introduced. Problems and role conflicts that arise as a result of the several roles psychologists may play in such situations are discussed. Some illustrations are provided of the ethical dilemmas and pitfalls that await the psychologist who, either as an expert consultant or as a mandated reporter of child abuse, becomes involved in a relationship with the court. Guidelines are offered for resolving some of these dilemmas. (EMK)

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# Role Definitions and Boundary Problems in Child Protection Evaluations

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In S. Sparta (Chair), Navigating treacherous waters in child protection evaluation. Symposium presented at the annual meeting of the American Psychological Association, San Francisco, CA

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# Role Definitions and Boundary Problems in Child Protection Evaluations

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The ethical codes we live by have been derived from two general sources.

First, because psychology is based in science, we have a long standing dedication to empiricism. While clinical practice is hardly a fully empirical process, practitioners are trained to apply their scientific background in their daily work. The emphasis is not just on objectively collecting and interpreting data but also on monitoring ourselves, realizing that we, in the role of therapist or evaluator, may be a source of bias or prejudice that can have a profound impact on the outcomes of what we do.

Second, our ethical principles are derived from moral philosophy. It is our moral obligation to maintain respect for the autonomy of others, do what is in their best interest in a fair and just manner and to avoid harm (Beauchamp and Childress, 1994). From these broad principles, for example, one can directly derive concepts such as conflict of interest since it has the potential for harming others. From the concept of conflict of interest, specific provisions of the ethics code have been deduced regarding role conflicts, maintenance of boundaries, dual relationships and the like. While these issues are certainly important in any clinical situation, they can arguably have no greater potential negative consequences than in questions regarding the protection of children.

## Profession Guidelines

Our professional ethics codes, and guidelines have a great deal to say about how we should conduct ourselves in such matters.

### APA Ethical Principles and Code of Conduct

The APA EPCC (1992) states:

> . . . Psychologists strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work. (Principle B)

This broad principle has many specific applications. For example, Section 7.03 enjoins us to clarify our roles and to avoid compromising our professional judgment and objectivity. For similar reasons we are not to involve ourselves professionally in situations where our personal problems and conflicts might interfere with our effectiveness (EPCC, 1.13) or to engage in dual or multiple relationships since doing so might:

> . . . impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party (EPCC, 1.17).

Forensic Settings

The principles noted above were written for all psychologists and are intended to apply to any situation in which a psychologist is professionally involved. However, problems with regard to roles and boundaries are of particular importance when one enters the legal arena. Thus, it is not surprising that the Specialty Guidelines for Forensic Psychologists pay much attention to this matter as well. For example, forensic psychologists:

> "have an obligation to inform the party of factors that might reasonably affect the decision to contact with the forensic psychologist" such as prior and current personal or professional activities, obligations, and relationships that might produce a conflict of interest (IVA(2).

Further, The Forensic Guidelines then specifically address potential conflict of interest:

> Forensic psychologists avoid providing professional services to parties in a legal proceeding with whom they have personal or professional relationships that are inconsistent with the anticipated relationship (IVD(1).

The Contemporary Scene

It will come as a surprise to no one in this room that the professional practice of psychology has undergone dramatic and troubling changes since the mid 1980s. As managed care has chipped away at the income of practitioners who maintained psychotherapy practices, many have looked to forensic consulting as a way out of their professional and financial predicament. Those of us already engaged in this work have had more than a few qualms about some of our colleagues who, albeit well intentioned, have begun to work as consultants, evaluators, and expert witnesses without the requisite training or experience. Even psychologists who are competent in areas of potential relevance in legal matters such as Clinical Neuropsychology, Rehabilitation Psychology, Child Clinical Psychology, Family Psychology and many others may still find themselves at sea in the legal arena, and may inadvertently cause harm. Matters are made worse when attorneys, often unable to evaluate an expert's credentials, retain those of us who are not particularly competent either in the legal arena or within a particular content area. Despite what appears to be rather clear cut guidance regarding issues of role and boundaries, we are faced all too frequently with either unscrupulous or simply ignorant but well intentioned colleagues who violate these guidelines.

Some time ago, I addressed this issue and argued that certain general dimensions could be utilized to evaluate the potential for conflict of interest in professional relationships (Gottlieb, 1993). More recently Greenberg and Shuman (1997) tried to differentiate the roles and responsibilities of therapists vs. forensic evaluators. They developed ten principles that demonstrated how combining or blurring these two roles was conflicting and problematical, and they emphasized the avoidance of such conflicts not just because of the harm it might cause the parties but because blurring these roles also diminishes the credibility of witnesses and the profession. This article was followed by a panel discussion at the most recent D41 Mid-Winter meeting on one aspect of this

problem, viz., whether therapists should be allowed to testify at all about psychotherapy patients. From another perspective, Stagner and I are preparing a paper on the question of what our professional obligations are regarding filing complaints about such behavior (Gottlieb and Stagner, in preparation.) It is within this larger context that APA, through its Committee on Professional Practice and Standards, has developed Guidelines for Psychological Evaluations in Child Protection Matters.

## Child Protection Guidelines

We have come to realize in recent years that the abuse and neglect of children occurs at epidemic proportions in our country, and psychologists may play various roles. For example, psychologists, as mandated reporters, may initiate the process when they call Child Protective Services having a reasonable belief that a child has been harmed. They may also be involved in treating perpetrators as part of a court ordered rehabilitation programs or they may pay the role of evaluator at a final disposition hearing that could result in an involuntary termination of parental rights. In playing these roles psychologists may act as agents of the child protection agency, the court or be directly retained by a parent or a guardian ad litem. In such cases, the psychologist may find him or herself in the position of being an agent of the court, being paid by one or more of the parties while maintaining his or her primary obligation to the child.

So, due to the number of different roles psychologists may play in this process, as well as the possible complexity of them, the potential for confusion of roles and violation of boundaries increases.

The Child Protection Guidelines address theses issues in two different places. First, the guidelines note that:

> The role of psychologists conducting evaluations is that of a professional expert who strives to maintain an unbiased and objective stance. . . . and rely (ies) upon scientifically and professionally derived knowledge when making judgments and

describes fairly the bases for their testimonies and conclusions. If psychologists cannot accept this unbiased objective stance, they should consider withdrawing from the case (II4).

The guidelines also emphasize the importance of avoiding multiple relationships: In conducting psychological evaluations . . . psychologists are aware that there may be a need to avoid confusion about role boundaries. Psychologists generally do not conduct . . . evaluations in . . . which they serve in a therapeutic role for the child or the immediate family or have other involvement that may compromise their objectivity. . . . During the . . . evaluation psychologists do not accept any of the participants involved in the evaluation as therapy clients. (and) Therapeutic contact with the child or involved participants following a child protection evaluation is discouraged . . . . (II8).

## Ethical Dilemmas

Given these data, what are some of the ethical dilemmas and pitfalls that may arise both for clinical practitioners and forensic consultants? Here are a few illustrations.

The most typical may the situation in which a therapist, as a mandated reporter, calls CPS upon learning that the father in a family she is treating has been physically abusing his son. CPS may dispose of the case by requiring that the father continue in treatment with the therapist. This all too common occurrence, while by no means unethical per se, creates difficult challenges for the therapist which technically involves a change of format (Gottlieb, 1995). That is the therapist's role and primary obligation is fundamentally changed. She is no longer primarily obliged to promoting the welfare of the family but to the protection of an individual family member. Also, she is no longer free to be neutral in her position regarding family conflict but is required to be an advocate for the child in her role as an agent of the state agency. Levine and his colleagues have shown that the probabilities are high that such a family will continue in

treatment. However, insufficient attention has been drawn to the change in role that the therapist has undergone in this situation, the ethical issues such changes represent and how the therapeutic relationship and treatment effectiveness are affected.

Or consider the psychologist I knew who specialized in the treatment of sex offenders. A man was referred for sexually abusing a young girl. He was on probation and the therapist was asked to provide periodic reports to the probation officer regarding his progress. That is, he is serving in both therapeutic and supervisory capacities. Shortly after therapy began, the patient's attorney called and asked the psychologist to perform a forensic evaluation of the patient. It appeared that there was separate criminal charge pending that the patient had abused his step daughter. The attorney hoped to obtain expert testimony that his client was no further danger to the step daughter now that he was in therapy. If the psychologist accepted this assignment, he would have had three roles: that of a supervisor who reported to the probation officer, a therapist who is primarily obligated to the best interest of his patient; and forensic evaluator who is expected to be objective and free of any bias and have the child's best interest as his priority. Accepting the supervisory and therapeutic roles at the outset is very problematic in and of itself. I think we would all agree that accepting the role of evaluator would clearly be contraindicated.

Finally, a psychologist is asked to evaluate a woman. She has a history of chronically neglecting her child and the state is moving to have her rights terminated. The woman was a victim of chronic and severe childhood sexual abuse and has severe emotional disorders including chemical dependency. Furthermore, she has a history of involving herself with abusive men who place such unreasonable demands upon her that she neglects her child. Numerous efforts at treatment for her chemical dependency had failed and she continued to return to abusive relationships. The psychologist is torn. On one hand she is a committed child advocate who has little tolerance for those who will

place adult needs ahead of children's. On the other, she is sympathetic with the mother's situation having been abused herself as a child and hoped she could become an adequate mother if she received proper treatment. In this case, her own personal conflict lead her to refuse to perform the evaluation because she feared she would not be able to maintain her objective and unbiased role and separate herself from her own personal feelings.

## Guidelines

It should be obvious that there is no definitive set of recommendations that will adequately guide practitioners in such matters that may require complex ethical decision making. My examples have, for the didactic purposes, been relatively clear cut to make my point. Nevertheless, some general guidelines may be helpful.

1. As I mentioned above, the legal arena is not a place for beginners no matter how well meaning. People's lives can be permanently affected by what we do, and those without training and or experience are well advised to obtain it first.

2. Part of training involves being familiar with not only the documents I have cited, but numerous others that are relevant to these matters. In fact, the Child Protection Guidelines outline those areas in which psychologists should have demonstrated competence before involving themselves. I urge you to consult them.

3. For good or ill, the legal arena is an adversarial one. Good intentions combined with a lack of healthy skepticism can create vulnerabilities for professionals that may harm others. If you are not temperamentally suited to such things, please do not do it.

4. Sound forensic practice involves serious attention to informed consent. Especially in those situations where parties are less well educated, detailed explanation of one's role is vital. Since informed consent is now considered to be a process, it is not unusual for issues regarding roles and boundaries to arise during the course of the contact with the persons involved. Taking time to explain these things is critical despite the time requirements and may preclude having one's license attacked by a disgruntled consumer.

5. Finally, there is no substitute for consultation from a trusted colleague. In Dallas, there is a small group of us who know and trust each other. We routinely consult on complex matters and I am glad to say, feel free to do so. It is an invaluable resource and I urge you to develop one in your community.

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